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EXTRACTION OF A BAR OF LEAD FROM THE STOMACH.

BY JOHN BELL, M.D., WAPELLO, IOWA.

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ON Christmas day, 1854, I was summoned to see S. W. Bates, æt. 32, who, it was said, while performing the feat of running a bar of lead down his throat, had accidentally let it slip, so that it descended into his stomach; but before I left my office, he came in, followed by a crowd. I asked him if he had swallowed a bar of lead. He said he had; and that it was nothing wonderful for him to do, as he had swallowed a number at previous times. This was said in a half waggish manner, and being to all appearances partially intoxicated, and having withal the reputation of being an expert at juggling and sleight of hand, I supposed it to be one of his tricks, and this opinion was strengthened from the fact that he seemed to be *suffering no inconvenience*. I believed it to be a hoax; but to satisfy myself further, I passed a sound down the œsophagus into the stomach, *but could discover nothing*. I sent him away, but in a few minutes afterward he returned, in company with Dr. Cleaves, of this place. After a brief consultation, we again sounded the stomach, but with no better evidences of a bar of lead than before. We told him to go about his business, and if it troubled him to let us know. The next day he went to work, and continued at work four days, when he went home, some six miles from this place, and becoming unwell, sent for Dr. Robertson, of Columbus city.

On Monday, Jan. 1st, Dr. Robertson requested the physicians of this city to meet him forthwith in consultation at the residence of the patient. Dr. Taylor and myself answered the summons promptly. Drs. Robertson, Neal, Cleaves, Graham and Crawford had arrived before us.

The patient was closely examined, and there was found no perceptible external evidence of any foreign body in the stomach; he was comfortable, up and about, and seemed as well as any of us, if we except some paleness, which might have been produced by the

regimen enjoined. Instructions were given to keep the patient on a low diet, and open the bowels by a saline laxative; and should any untoward circumstances or symptoms supervene, to notify us at once.

Tuesday, Jan. 2d, 4, P.M., summoned to see Bates immediately. Dr. Robertson soon arrived. Found the patient suffering with considerable gastralgia and abdominal soreness; there had been considerable retching and vomiting of a dark, watery fluid; pulse small and tense; great anxiety, restlessness, prostration, and apparent sinking of the vital powers. The bowels had not been moved. He was very sensitive to pressure over the left iliac and inguinal regions. *We were now satisfied that he had swallowed a bar of lead.* We prescribed sulphate of morphia to keep him quiet through the night, and fomentations to the bowels, and left him.

Operation.—Wednesday, Jan. 3d. Present, Drs. Robertson, Cleaves, Graham, Taylor, and myself. The patient seemed much as on the previous evening. He had great prostration and faintness on attempting to rise. The patient having been properly placed and secured, chloroform was administered. It produced, at first, some nausea, and he threw up a quantity of black, foetid, watery fluid. As soon as insensibility ensued, I made an incision from the point of the second false rib to the umbilicus, dividing the skin and cellular membrane; thence through the abdominal muscles to the peritoneum, which I laid bare the whole length of the incision. I then made a minute opening at the lower end of the section, through the peritoneum, passed in the director, and with a probe-pointed bistoury divided it through the entire length of the incision. The division of the peritoneum produced a spasmodic contraction of the muscles of the abdomen, and a large quantity of the omentum and bowels was ejected from the orifice. Increasing the chloroform controlled the spasm, and I replaced the bowels as speedily as possible, and passed my hand inward and upward through the incision, grasped the stomach, and immediately *discovered the bar of lead* and its position. It lay in a direction from right to left, the upper end resting against the walls of the stomach to the right of the cardiac orifice; the lower end in the greater curvature of the stomach, to the left of and below the pylorus. As it was impracticable to reach the upper end, I seized the bar between my thumb and middle finger, and with the forefinger on the lower end of it, I retracted it upward and backward, for the purpose of making the incision in the stomach as high up as possible. I then passed a scalpel in, along the side of the forefinger as a director, and divided the coats of the stomach immediately at the end of the bar, making the incision parallel with the muscular fibres, and not larger than to admit of the removal of the lead. I then introduced a pair of long forceps, seized and drew out the lead, and placed the stomach in its natural position. The external

orifice was closed with the ordinary interrupted suture and adhesive straps, a compress applied, and a roller around the body.

The time occupied in operating was twenty minutes. Considerable delay was occasioned by the protrusion of the contents of the abdomen, which had to be replaced before the operation could proceed. As soon as the effects of the chloroform passed off, a quarter of a grain of sulphate of morphia was administered, and the patient left in charge of a judicious medical attendant.

The following are the notes of the subsequent treatment of the case.

During the afternoon after the operation, the patient was very restless; morphia continued, which procured intervals of sleep. Pulse 83, soft and compressible. At 9, P.M., great restlessness; nausea and sinking of the pulse; constant melanotic regurgitation. Prescribed sulph. morphia, gr. $\frac{1}{2}$. Pulse rose—became full and tense. At this time, the salts taken on Monday and Tuesday commenced operating; he had seven operations. Pulse softened, and he dropped into a quiet and refreshing slumber. The patient was kept lying on his back. 12, P.M., had a violent attack of vomiting, and threw up about three pints of a dark greenish fluid, mixed with grumous blood; complains of pain in the stomach and bowels; gave him sulph. morph., gr. $\frac{1}{2}$; became quiet, and slept at intervals until daylight; iced elm water as drink.

Thursday, 4th, 10, A.M.—Patient quiet; pulse 85, and moderately full; some thirst and fever; complains of pain in the stomach and bowels; says he feels a sensation as though water was dropping on his stomach. Morphine continued at regular intervals; iced toast water, and iced mucilage, for drink. 3, P.M.—Pulse 85, rather hard. Bled him ten ounces. Continued morphia. 6, P.M.—Complains of nausea, and has frequent alvine discharges; pulse 86, hard; considerable thirst; gave pill of opium. Ordered ipecac and morphia; left powders of opium and acetate of lead, to control the bowels.

Friday, 5th.—Nurse reports a good night's rest; says the pulse ranged through the night from 70 to 75; no operation from 8 o'clock till 4 this morning; stools watery; complains of nausea; pulse 83, soft; tongue white and dry; considerable thirst; slight cough. 5, P.M.—Found the patient complaining of gastralgia, nausea and thirst; frequent alvine dejections; pulse 75, hard and full. 9, P.M.—Vomited; gave morphia and ipecac; patient became quiet. Continued iced mucilage.

Saturday, 6th, 4, P.M.—Patient quiet and easy; pulse 80, soft; tongue clean; an itching sensation in the wound; slight tumefaction, and some soreness, of the abdomen; no movement of the bowels since Friday at 4, A.M. Ordered enema.

Sunday, 7th, 11, A.M.—Patient comfortable; had two dejections. Raised the bandage, and made a small opening through the adhesive straps for the discharge of pus. Pulse 80; has great desire

for nourishment. Directed the bowels to be kept open by enema. 5, P.M.—Is troubled with severe melanotic regurgitation; complains of burning sensation in superior epigastric region; pulse 65, soft; ordered an enema, and solution of bitartrate of potash for drink. Morphia, gr. $\frac{1}{4}$, occasionally.

Monday, 8th, 10, A.M.—Patient quiet; pulse 75, full; face flushed; bowels moved once last night. Examined the wound, and found it had cicatrized nearly its entire length; washed and dressed it. Bled the patient ten ounces. Enema and morphia after the bowels move, during the night, should he be restless.

Tuesday, 9th, 6, P.M.—Patient bolstered up in bed, and comfortable. Pulse 76; bowels not moved since 8 last night. Ordered an enema. Examined the wound, and found it doing well. Bitart. potass. continued.

Wednesday, 10th.—Found the patient quiet; pulse 70; rested well through the night; has an intense craving for food; face slightly flushed. Advised some nourishment to be taken. He complained of cramp in the extremities on attempting to move.

Thursday, 11th.—Patient tolerably comfortable; some thirst; has eaten too much, and has exercised more than was prudent. Pulse 75 and hard; face flushed; dressed the wound, which is healing rapidly; bowels open. Ordered sulph. morph., gr. $\frac{1}{4}$, and ipecac, gr. i.; abstemious diet.

Friday, 12th.—Patient comfortable; says he feel well enough, except some pain in the lower bowels; pulse 78, soft; tongue natural; some tenderness on pressure over the hypogastric region.

Sunday, 14th.—Found the patient standing in the door; dressed the wound, which looks healthy; tongue slightly coated; bowels inactive; appetite good. Ordered mass. hyd., gr. x., followed by enema.

Wednesday, Jan. 17th.—Found the patient resting quietly after a walk of half a mile. Washed the wound, clipped and removed the sutures, and dressed with basilicon cerate, with injunction for bowels to be kept open, and care in diet. Patient dismissed.

REMARKS.—It will be observed in this remarkable case, that convalescence was established as rapidly as after most of the minor surgical operations. The patient was discharged on the fifteenth day after the operation, and has continued well up to this time. He is now residing in this city, working daily at his trade—that of a shoemaker. The orifice in the stomach was made on the left anterior side, and I think about parallel with the pylorus. The opening was just large enough to withdraw the lead. From some cause, probably from the efforts to vomit, a portion of the omentum had been forced out between the sutures, and when the adhesive strips were removed for the first time it was found protruding from one half to three quarters of an inch. Upon examination with a probe, I found it had formed adhesions on both sides

of the orifice. I therefore removed the external portion with a pair of scissors.

After carefully examining the brief suggestions given by authors on this kind of operation, it seemed to me that there were none that would suit this case. Nothing less than perfect control of the stomach could promise success, if success were attainable.

First, the operation must be conducted so as to preserve the stomach from those serious injuries arising from the advised manipulation previous to opening it.

Second, the incision must be made sufficiently high up in the stomach to prevent the escape of its contents (or should the opening be made into the stomach where the point of the bar rested, the incision *must be stitched*).

Third, to make an incision into the cavity of the abdomen, and attempt to manipulate the stomach and bar of lead with instruments, had in it, to my mind, no promise of success, when we recollect that the length of the bar was $10\frac{1}{2}$ inches, and that the stomach must be opened so as to withdraw the bar of lead *by its lower end*. I therefore adopted what I conceived to be the correct theory, viz.: 1st, to open an orifice in the abdomen large enough to pass in my hand, and thereby have the stomach and its contents under perfectly easy and natural control; and, 2d, to make the abdominal incision in such shape as to command the point of the bar of lead *after it had been retracted*, without bruising, distorting, or even seriously misplacing the stomach.

It may be a matter of surprise that an operation was not done sooner. Our reply to the question is, that an operation of that magnitude was not justifiable as long as there was any doubt as to the lead being in the stomach; that the evening previous to the operation was the earliest time that all doubts of the fact had vanished; and the operation was proposed at the earliest practicable moment thereafter. Although I had seen the patient, in company with other physicians, almost daily after the singular feat had been performed, during all this time I had not seen one single symptom that was *conclusive evidence* of the presence of a bar of lead in the stomach.

The length of the bar is $10\frac{1}{2}$ inches, and its weight $9\frac{1}{2}$ ounces avoirdupois.

I would here remark that Mr. Bates has been residing in Kansas Territory during the past summer.

January 2, 1860.

REPORT OF PROF. FERDINAND HEBRA'S LECTURES ON VARIOLA,

DELIVERED AT THE GENERAL HOSPITAL AT VIENNA.

[Translated from the *Allgemeine Wiener Zeitung*, Nos. 28, 33, 35, 36, for the Boston Medical and Surgical Journal.—Continued from page 477.]

BY B. JOY JEFFRIES, M.D.

THERE is no very great morphological difference between what is called a vesicle and a pustule; for in a vesicle as clear as water, there are already some pus corpuscles. Later, their number increases, and we have a pustule. When, therefore, in variola we speak of a formation of pustules, we mean that the pus corpuscles are present in large numbers. When there are many pustules the halos join each other; the skin swells and increases in volume, so that such a variolous patient looks really distorted. The eyelids, in which the swelling is very marked, are closed, and cannot be opened for three or five days, generally from the ninth or tenth to the fourteenth day of the disease. With force, they can, however, be separated. This stage of the formation of pus, or of the accompanying fever, is by some considered a peculiar characteristic of variola modificata or varicella. But the fever which *generally* accompanies the formation of pus need not *necessarily* be present. The pus, like that from an abscess, can be absorbed without any particular effect. This fever, therefore, does not belong to a natural state of the disease, but must be considered as the beginning of an *unnatural* condition. Want of sleep is one of the symptoms of additional trouble, indicative of fever, at the time of the formation of pus. Scarcely a patient sleeps before the tenth day of the disease. Should he go to sleep quietly any night before this time, there is no cause for anxiety. If, however, he is sleepless and has chills after the tenth day, we may be sure that the course of the disease will not be natural.

Experience shows that we may have complications of the disease in those patients who have been vaccinated, but that they are still more likely to occur when this has not been done. When speaking of measles, we said that its sequelæ and complications were catarrhal affections, various diseases of the air-passages, such as chronic catarrh, blennorrhagia, emphysema, tuberculosis, besides other troubles in the glands, &c.; and that scarlatina angina was followed by morbus Brightii, &c. With smallpox it is different. Catarrhal appearances are never the consequences of variola, and any fear of tuberculosis after smallpox is quite groundless. It is rare that any one during the course of the disease complains of pain in the pharynx or larynx.

An exception to this last are those cases in which the eruption appears in the mouth and fauces, where it never develops so far, however, as to form pus. A salivation, similar to that from mercury, occurs in these cases. The salivation also, which often comes in the commencement of the disease, is considered by some as a

characteristic of variola vera. But we may have variola vera with no eruption on the mucous membrane of the mouth and pharynx, and, on the other hand, variola modificata with numbers of papules there. And this last, especially, with nursing children, who often have few marks of smallpox on the body, and therefore more in the mouth, and who succumb to the disease.

With regard to the presence and appearance of the eruption on the mucous membrane, the following must be noticed. The patient at first complains of a want of mobility of his tongue; it feels heavy, there is a sensation of heat in the mouth, while the only objective appearance is redness, which may not be noticed when the tongue is covered with mucus. A few days later (on the sixth or seventh), when the eruption on the skin is already developed, it may be seen on the tongue as small white elevations, which, soon losing their points, assume the form of little white crowns. A pustule, however, never forms on the mucous membrane, and these elevations are, from the first, like empty shells; the epithelium softening very easily, and thereby allowing the fluid to flow continually. The same occurs on the mucous membrane of the gums and cheeks. In accordance with the severity of these symptoms, the tongue itself swells, and such an intense glossitis may come on as to expose the patient to the danger of suffocating.

What occurs oftener than this swelling, is the profuse secretion of saliva and mucus, with the same appearances as when caused by mercury. This is naturally a source of great annoyance to a patient with variola. He will have pain in the mouth, and lies with it always open, the saliva pouring out and causing a horrible smell. Not more than 2 per cent. of the patients in Prof. Hebra's smallpox wards have this salivation.

The eruption does not go farther than the mucous membrane of the fauces. The *sectio cadaveris* shows only slight excoriations, for example, in one bronchus. In the course of the intestinal canal, small ulcers from diarrhoea are often to be seen, which cannot, however, be considered as the eruption of variola.

Affections of the Eyes.—In many old and new works, smallpox is said, among other reasons, to be dreaded for this, namely, that so many people are said to be made blind by it. This, however, is certainly incorrect. With the exception of a slight conjunctivitis, the eye remains very often exempt from trouble. Diseases of the eye which must be considered the consequences of variola do not occur in 1 per cent. of smallpox patients; in five thousand cases, scarcely twenty or thirty times. It is not probable that variola is now for the *first time* so mild that the eyes are left uninjured. For many years together there is often no case of loss of sight by variola in Prof. Hebra's wards, and then again several patients at once will be thus affected.

We must remember that when there is a disease of the eyes (e. g., a pustular ophthalmia) in a patient who is attacked with va-

riola, the latter will extend to the eyes. If the eyes had been sound before, *they* would not have been the seat of the eruption, but only the lids and their edges, and the conjunctiva bulbi would be *irritated*. No *infection*, however, occurs, no disease of the conjunctiva bulbi or of the cornea. Many fear that the pustules will macerate the cornea, and cause its perforation, and prolapse of the iris. This fear is groundless, and the accident scarcely ever happens where the cornea was not *previously* diseased. The dread of this used to be so great, that a patient with smallpox was from the very beginning treated with a collyrium of sublimate and tincture of opium, and if the eyes remained exempt it was attributed to this mode of procedure. Since Prof. Hebra took the direction of the smallpox wards, he has omitted the collyria, and the result has remained the same as with his predecessors. In *this* Hospital such a method was useless, because the patients are mostly received on the sixth or seventh day of the disease, when the eruption is already developed, and a prophylactic is entirely superfluous, the pustules coming at the same time on the eyes as on the rest of the body.

When the eye is really diseased in consequence of variola, it is scarcely possible to save it. We have said that there will be no perforation of the cornea and prolapse of the iris, but there *may* be a ceratomalacia from the pyæmia. The sclerotic becomes soft, generally in its inferior segment, and from the inner to the outer side. The cornea becomes dark, its lower half soft and excavated, and it is often penetrated in a few hours. In another case, there will be a metastatic deposit of pus in the eye itself, a hypopyon. A "lunula" is seen in the anterior chamber, and we may be sure that in a short time the eye will be lost.

Last year there was in the wards a case of exophthalmos inflammationus, which came on very suddenly. The eye became as large as the fist, and the sight was lost, every remedy used being in vain. All these diseases of the eyes come from the formation or rather decomposition of pus in the pustules. It is a "putrid fever," as it was long ago called. We know the series of phenomena which the reception of pus into the blood occasions. Prof. Hebra does not think that it is pus *as such* which causes the pyæmia, but pus already decomposing. Here, then, is another disease brought on distinct from the variola, and one which our art has not yet succeeded in subduing.

The pyæmia which belongs to the anomalies of the variola shows itself by chills, occurring on the tenth or twelfth day, having intermissions, however, so that the patient can revive between them. Sooner or later, metastases appear. Some fourteen days often intervene between the first chill and the following metastasis, but we see that the pyæmia has already begun, for the patient does not rally thoroughly, and cannot sleep. After these symptoms, an œdema will suddenly appear at some one spot, for instance on the

extremities, particularly the arm. The partes minoris resistentiæ are very different in different individuals, and as these are first attacked, we can often determine beforehand where the deposits of pus will take place. The patients complain of pain over these points, and we must examine every day to see whether there is any deep-seated fluctuation, the early opening of the abscess, or rather "accumulation of putridity," being very essential. Such deposits belong to the less dangerous metastatic appearances. If the oedema lasts some time, and forms a humor whose base becomes bluish-red, we shall have a gangrene, that will spread further, destroying not only the skin, but (provided the patient does not previously die), also the cellular tissue, the muscles and other soft parts, making the bones look as if they had been prepared. The extremities, especially the lower ones, are the seat of this affection. This gangrene in variola generally assumes a very dangerous character. Prof. Hebra can recall but one person who recovered from an attack of it, and even then not wholly, on leaving the hospital. Every other case terminated fatally. Of course the extent of these collections of pus is very varied. Some are so large that we really at first are in doubt what to do with such an enormous abscess. Prof. H. had seen one that began at the third cervical vertebra, and extended to the sacrum, covering the whole back. Such an abscess must be opened in two or three places, and it is wonderful how these enormous undermined places clear up as soon as the pyæmia terminates.

In other cases the morbid product is poured out under the epidermis, and not *in* or *under* the cutis. Then a new eruption comes out, and in one or two different forms, i. e., either as vesicles, like pemphigus (pemphigus variolorus), or else we see the variola crust *surrounded* by new vesicles pushing up the epidermis, and forming a wall (rupia variolosa). Both of these forms occur frequently when there have been chills in the stage of the crisis, and are as indicative of a pyæmia as the formation of abscesses or furuncles on other parts. They are most commonly seen on the chest, and are always an unfavorable sign when present in any great number, or if they repeatedly form, and spread from the periphery. These vesicles often re-appear from two to four times, the first-formed vesicular wall or circle drying up, and around it a new one starting out, so that what at first was the size of a pea becomes as large as a half dollar.

Besides this, we may have in variola what is called "noma," i. e., a circumscribed sphacelus, which acts on the surrounding parts so as to destroy them. It receives the name of "noma" when occurring on the cheeks, and is most often seen in the exanthemata, particularly measles, but *may* come in variola or scarlatina.

[To be continued.]

ON THE EMPLOYMENT OF IODIDE OF POTASSIUM IN DISEASES OF THE BRAIN IN CHILDREN.

BY JOHN COLDSTREAM, M.D., F.R.C.P.E.

It is now upward of twenty years since iodide of potassium was commended by Roeser and others as a remedy of special power in hydrocephalus. At that time I began to use it in my own practice, was soon convinced of its utility, and have continued to employ it ever since with increasing satisfaction. The results I have obtained have been so much more decidedly favorable than those which I had been accustomed to see under the employment of depletion, calomel and purgatives, that I have been surprised to find comparatively few references to the treatment of diseases of the head by this agent in the more recent works on the practice of medicine. I have met with but a small number of practitioners who seem to recognize it as a remedy of marked efficacy.*

My own experience has gradually led me, for a considerable time past, to its employment, almost exclusively, in the treatment

* Dr. Rindon Bennett, in his valuable treatise on acute hydrocephalus, published in 1843, states that his experience had led him to conclude that iodine and the iodide of potassium were remedies worthy of more extended trial than had been given them. He refers to cases published by Roeser (*Hufeland's Journal*, April, 1840), in some of which recovery took place from very desperate conditions of the system, after the administration of large doses of the iodine: also to certain cases reported in *Schmidt's Jahrbucher* for 1840, as having been treated successfully in Riga, with a combination of iodine and calomel. Dr. Copland (*Dict. of Pract. Med.*, vol. i., p. 675) remarks:—"In several cases approaching the subacute form of hydrocephalus, I have prescribed a solution of the hydriodate of potash in distilled water, with or without a little iodine added to the solution, in small but frequent doses, and with evident advantages." In their *Practical Treatise on the Management and Diseases of Children* (1842), Drs. Evanson and Maunsell give the results of their experience in the following terms:—"In either of the forms of hydrocephalus" (acute or chronic), "and even in the second stage of the acute variety, we much prefer the use of iodine to that of mercury, and have seen some cases of its signal success. Iodine, to be effectual, however, must be largely employed, both internally and externally. The proto-ioduret of mercury would seem to present particular advantages. The ointment of bin-iodide of mercury appears eligible for producing speedy irritation over the scalp."

More recently, Dr. Willshire (*Clinical Observations*, *Medical Times*, August, 1847) reported very favorably of the results he obtained in treating hydrocephalus with iodide of potassium combined with iodine—iodine ointment being at the same time applied over the shaven scalp. The learned *Practical Treatise on Diseases of Children*, by Dr. Forsyth Meigs, of Philadelphia, while it contains an acknowledgment of the author's want of success in treating tubercular meningitis with iodide of potassium, has also the following remarks:—"It is, nevertheless, a remedy which ought to be tried. I would recommend its use in doses of a grain every three or four hours for children of two years of age. It ought to be begun with as soon as the acute symptoms have been sufficiently reduced by bloodletting and purging, and to be continued in connection with counter-irritants, and cold to the head."

In discussing the treatment of tubercular meningitis, Dr. Wood, of Philadelphia (*Treatise on the Pract. of Med.*, 1836), says:—"Iodine should be employed in this form of meningitis from its supposed influence on the serofulous habit of the body, and in the hope that, if it do not promote the absorption of the tuberculous matter, it may possibly prevent its deposition. I would commence with it in such doses as the stomach of the child could bear, and continue it throughout the treatment. The iodide of potassium, or the compound solution of iodine (*U. S. Ph.*), should be employed. Iodide of mercury might, with great propriety, be substituted for the calomel, at the stage at which it is desirable to aim at the mercurial impression; and, in this case, the other preparations of iodine should be abandoned." One of the most accurate and practical amongst continental writers on diseases of children, Dr. Alois Bednar, of Vienna, advises the substitution of iodide of potassium for calomel, in the advanced stage of meningitis, in doses of one, two, or three grains every half hour (*Lehrbuch der Kinderkrankheiten*, 1836—a truly valuable work). The same author states that he has seen some cases of congenital hydrocephalus cured under the use of this agent (*Lehrbuch*, p. 160). Notwithstanding such testimony, the treatment in question is not once referred to in any of the well-known and influential works on the practice of medicine by Alison, Watson, Graves, West, and Bennett. Even in the very elaborate and masterly monograph on acute meningitis by Dr. C. E. Reeves (*Glasgow Medical Journal*, vol. vi., 1859), which gives the results of most extensive statistical inquiries regarding this disease and its treatment, no mention is made of iodide of potassium as a remedy.

of those numerous ailments of children, which we cannot but regard as indicative of a tendency to hydrocephalus. In all cases in which, from the course of symptoms, I have reason to believe that the central organs of the nervous system, or their envelopes, are in any degree affected with strumous inflammation (tubercular cerebritis, or meningitis) or its consequences, after moderate purging, and perhaps application of leeches to the head, I am in the habit of prescribing the iodide, in doses of from half a grain to three grains, every three or four hours, generally dissolved in some carminative water, and continuing it in doses, varied according to the symptoms, for many days, or even until convalescence is fully established; and I am quite satisfied that, under this treatment, with the occasional addition of blisters to the shaven scalp, I have seen far more prompt and decided effect produced upon the disease than I used to see under the old treatment.

When opportunities have been afforded of commencing the use of the iodide early, it has appeared in several cases to arrest the progress of the disease *rapidly*, so that the formidable effects of effusion, indicated by squinting and convulsions, have not supervened. In less favorable circumstances, in cases where considerable prostration had succeeded to great febrile action, and in which starting and squinting had become prominent symptoms, I have seen, in not a few instances, the free use of iodide of potassium followed by amendment and complete recovery. In such cases, and in others still farther advanced, I have generally given larger doses, even to the extent of four grains, several times a day, to children of from four to eight years of age.

The medicine is very seldom refused by the patient, and I cannot say that I have ever seen it either increase the nausea that so frequently exists in the earlier stages of the disease, or produce any other untoward effect; especially have I never seen it induce salivation, which the drug sometimes seems to cause when given for other ailments.

It seems generally to act upon the kidneys; yet I cannot say that the amount of relief to the head symptoms bears any very obvious relation to the quantity of urine excreted.*

Although I have no doubt that the iodide is more especially useful in cases where there exists more or less of the scrofulous diathesis, I have used it with satisfaction in patients apparently free from all such taint; even in cases where the ailment seemed to have followed injury from external violence, as so often happens

* In a paper, "On the Diuretic Action of Iodide of Potassium" (*Arch. of Med.*, No. 3, London, 1858), Dr. Hanfield Jones remarks, that "there are certain remedies which exert very positive curative influence, admitting of no doubt or question, yet which afford no clue in their general mode of action to explain their special effects. Such, it appears to me, is iodide of potassium." Dr. Jones's observations lead him to conclude that, under the use of iodide of potassium, the quantities of water, of phosphoric and sulphuric acids, and of chlorine in the urine, are very much increased; but the knowledge of this effect of the administration does not enable us satisfactorily to explain its *modus operandi*, either in the cure of secondary syphilis or in that of tubercular meningitis.

in young children. I am not prepared, however, to assert that the iodide is more useful than calomel in *all* cases of inflammation of the brain and its appendages. When we have to treat robust and full-blooded children, in whom there is good reason to believe that the threatened disease of the nervous system stands more or less directly connected with preceding disorder of the digestive organs, I have no doubt of the superior efficacy of the mercurial treatment, combined with antimonials and salines; but when, after having duly administered these, symptoms of cerebral disorder continue, I would have recourse to the use of the iodide.

In cases of convulsions from teething, which, amongst ill-fed children, living in badly-aired localities, are not unfrequently followed by hydrocephalus, I have used the medicine with much satisfaction.

I have occasionally employed the proto-ioduret of mercury, as advised by Evanson and Maunsell, but not with more obvious benefit than I have been accustomed to see resulting from the use of the iodide of potassium. During convalescence, I generally prescribe the iodide of iron; sometimes a vegetable tonic, combined with the iodide of potassium.

In several cases of recovery from severe attacks of meningitis, it has occurred to me to find the mental powers of the little patients considerably impaired. This result has occasionally been protracted for many years, and seems likely to prove permanent; but, generally, it has gradually become less apparent, and ultimately passed off entirely.

In thus endeavoring to recal attention to what I believe to be a truly valuable agent in the treatment of a class of formidable diseases, I would not overlook the fact, that all past experience tends to assure us that a great majority of cases of disease of the brain in early life prove fatal under all kinds of treatment. In advanced stages of the tubercular forms of these diseases, we may not yet venture to hope for any great advantage in the use of the iodide of potassium. But I am disposed to agree with Drs. Copland,* Willshire, and West, in believing that they may be cut short, if subjected to treatment in an early stage, more frequently than is generally imagined. My own experience leads me to regard the iodide as more likely than any other drug to promote this desired end; and my confidence in it, as *the* remedy best adapted to all stages of tubercular diseases of the head, is so strong, that whatever else might be done, or left undone, I would persevere in administering it, even in circumstances the most deperate. In almost all diseases of children, it appears to me right to continue treat-

* "If recognized early, a large proportion of cases will recover; even in the most advanced periods the patient should not be despaired of. I have repeatedly seen recoveries take place, although strabismus, paralysis, convulsions, blindness, unconscious evacuations, and other unfavorable circumstances, had existed some time."—(COPLAND, *Dict. of Pract. Med.*, i, p. 668) "The prejudice which attributes the character of incurability to tubercular meningitis only serves the purpose of shackling the progress of medical art."—HANN, *De la Meningite Tuberculeuse*.)

ment, even to the last. I am very fully satisfied that the use of the iodide never produces any bad effects, however frequently it may fail to do good.—*Edinburgh Medical Journal*.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Nov. 14th.—*Abscess of the Mamma in a young Girl*.—Dr. PARKS had seen an example of mammary abscess in a girl of 14 years. She was stout and healthy, and no cause could be assigned for the affection, unless a severe catarrh might be so considered. The matter, amounting to between three and four ounces of healthy pus, was seated in the mamma itself, and not beneath it. He believed that the disease was very rare in so young a subject. Velpeau states that he has seen but three cases. Another peculiarity of this patient was complete absence of nipples, in both breasts.

Nov. 14th.—*Acephalous Fetus carried much over the usual period of Gestation*.—The specimen, which was sent by Dr. E. D. Miller, of Dorchester, to Dr. ELLIS, was exhibited by Dr. JACKSON. It was born on the 7th inst., the ear presenting, and the shoulders coming with some difficulty; duration of labor about twenty-four hours. The mother was 24 years of age, and married in October, 1858. Last catamenial period, Dec. 9th. Motion first noticed, indistinctly, in the early part of May. Labor then occurred "eleven months, less two days, from last catamenial period. The patient was always regular, and was twice unwell after marriage." Patient's mother died on the 11th of February, and, *six months, at least*, before her death, she spoke to me," says Dr. M., in his history of the case, "of her daughter's conception."

The fetus weighed $7\frac{1}{2}$ lbs.; and from its long-limbed, and robust appearance, want of forehead, and swollen eyes and face, it suggested strongly, as some one remarked, the idea of an English prize-fighter, after a battle. Again, the broad and flat ears, which stood directly off from the head, in a way not generally observed in these cases, suggested the idea of a Chimpanzee, as seen from behind.

The dissection was reported at the following meeting. Upon the base of the skull, there was a very considerable quantity of cellulovascular tissue, but no trace of brain. The pituitary gland, however, existed, as Dr. J. believes that it very generally does in these cases. The spinal marrow bulged at the upper extremity, and about where the pons Varolii would have commenced; and from this part and below it, several nerves seemed to proceed. The fifth and sixth pair of nerves were pretty distinct; and also, upon the right side, the fourth pair and the par vagum.

The osteology was in accordance with this extension upward of the spinal marrow. The cervical vertebrae being properly formed, the posterior portion of the occiput was continued across from side to side, though formed of two pieces which were closely connected inferiorly but not superiorly, the upper edge of this bone being about on a level with the base of the skull. The frontal bones were about as deficient anteriorly as they usually are in these cases; the left sent a prolongation backward as far as the occiput just referred to; upon

the right side it did not extend so far back, but between it and the occiput was a small, flat and quite irregular bone; this last might represent a parietal, and excepting this, there was no trace of a parietal upon either side. The cranium was shown by Dr. J.

The internal organs were well-formed, excepting the minute renal capsules; and the fœtus was well-formed externally.

Dec. 12th.—*Excrescence in the Rectum.*—Dr. ELLIS showed the specimen, and related the following particulars of the case, obtained from Dr. E. H. CLARKE, who first saw the patient in November, 1857. She had had, for some months, eight or ten dejections daily, their character not being then known. Soon after, however, they were found to be muco-purulent, with a little blood intermingled, and were accompanied by considerable tenesmus. The intestines contained a large accumulation of fecal matter, from which they were relieved after the use of injections and other remedies. During the first half of 1858, constipation and diarrhoea alternated, but were both easily controlled. In the middle of July, 1858, an indistinct movable tumor could be felt below the umbilicus, most readily detected when the bowels had been freely opened. She had but little pain, retained her strength, and was able to ride about, although she had daily ten or twelve dejections, consisting of muco-purulent matter and some blood, not offensive, nor accompanied by much tenesmus or pain.

During the next twelve months she continued very much in the same condition, taking small doses of morphine almost every day, and eating such food as she desired. In the fall of 1859 she became unable to ride out, and was confined to her bed during the greater part of the time. The dejections were moderately offensive, but not generally painful. In October, there was expelled a soft mass, about an inch in diameter, which proved to be of the same character as those afterward found in the intestine, of which a description is given in the proper place. The discharges gradually increased, the appetite failed, and she died in December, 1859.

On examination, old adhesions were found between the omentum and various parts of the abdominal parietes. The arch of the colon extended downward, in the form of a large loop, as low as the arch of the pubes. The large intestine, from the cœcum to the descending colon, contained much soft fecal matter. Below the latter point, the accumulation was not marked.

Six inches above the anus there arose abruptly, half an inch or more above the surface, a growth entirely surrounding the intestine, and from two to three inches wide. It was composed of a number of excrescences, varying from a quarter of an inch to perhaps an inch and a half in diameter. They arose either from broad bases, which they overlapped, or were attached to slender pedicles, or to bridles, some of which were very long and slender. A portion of the bridles, however, were sufficiently thick to bear excrescences of large size. The growths were externally of a deep-red, or bluish color, but whitish within, except at the centres, where they were again red. The cut surface presented a kind of radiated, or columnar arrangement. On pressure, a thick, white fluid exuded. They resembled in every respect the mass expelled before death.

On examination with the microscope, the growth was found to be composed of granular, elongated, and generally fusiform cells, about the size of the columnar epithelium of the bronchi. In many of them

no nuclei could be seen, but in others they were distinct, although small, with small nucleoli. Some of them were arranged in a columnar manner, like epithelium itself.

The intestine above the excrescences was but $3\frac{3}{4}$ inches in circumference, and not hypertrophied. Below the growths it was 6 inches in circumference. The mucous coat was traversed by large vessels, but was in other respects normal. Around the margin of the anus were several hæmorrhoidal tumors. The small intestine was somewhat contracted, and in the kidneys were small serous cysts. The other organs were normal.

Dec. 27th.—*Apoplexy—Hypertrophy of the Heart, and Renal Disease.*
Dr. HODGES reported the case.

Patient was a policeman, 49 years old, somewhat intemperate for a year or two, but always enjoying good health until March last, when, without appreciable cause, he was seized, soon after going to bed, with intense headache. The next day he was somewhat better, but at noon was again attacked, with still greater severity. The pulse was very full and rapid, and venesection to about 12 ounces produced great relief for a time, but delirium, without fever, ensued, and continued for twelve to fifteen days. The action of the heart was always violent, but no other trouble could be found, either by auscultation or other examination. The bowels were regular, or occasionally moved by cathartics. He was carried to the Hospital at the end of ten days, and soon after was taken by a cough, accompanied by a most profuse muco-purulent expectoration. Recovering, he left the Hospital after a few weeks, and resumed his duties as a policeman, the latter end of the summer, but the flesh and strength which he had lost were not regained; sore mouth, a slight trembling and other symptoms of debility were present; the pulse intermitted, and it became apparent that he had hypertrophy of the heart; he suffered constantly from palpitation, dizziness, loss of sight and headache, which, however, diet and regimen partially relieved. He continued at his duty until Dec. 13th, 1859, when, after his usual day's patrol, and an evening spent at an "Evening School," he came home, ate some gingerbread and cheese, went to bed about $11\frac{1}{2}$ o'clock, and had hardly got to sleep, when he started up with an intense headache, and a certain amount of delirium. He vomited what he had eaten, and sat up in great distress. The heart's action was violent, his pulse very full, and the whole surface cool and clammy. These symptoms increased, respiration became labored, and at about $4\frac{1}{2}$ o'clock, A.M., he died, in a comatose condition.

It was learned, after death, that he had never had any œdema, or scantiness of urine.

Dr. ELLIS made the following report of the *post-mortem* appearances.

Brain. That portion of the left hemisphere which lay below the level of the corpus striatum, was most extensively softened, and in part occupied by a large, recent coagulum. Though the softening which everywhere surrounded the latter had nearly reached the ventricle, no rupture had taken place into it. In one of the hemispheres of the cerebellum, at the junction of the gray and white matter, a portion of the substance, perhaps an inch in length and two lines in breadth, was of a dark-brown color, with some red streaks or points. These were found to contain many crystals of hæmatoidin. In the pons Varolii were several recent coagula, of considerable size.

Heart much hypertrophied, the enlargement being mostly confined to the left side.

The *kidneys* were granular, and on a microscopic examination the tubuli were found to contain much granular matter.

The lungs and other organs were perfectly healthy.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 19, 1860.

A WELL-APPOINTED HOSPITAL.—We had, a short time since, something to say in praise of the management of the London Hospital, and we dwelt with pleasure upon the recollections of a visit made to this Institution, under the auspices of Dr. W. J. Little, one of its Attending Physicians.

Deeply interesting as the details of arrangement of a hospital always are to the medical man, he is sure to be much impressed with them when travelling in foreign countries. Glad and proud as we are to put forward our own State Hospital, in Boston, as a model of good management, cleanliness and comfort, it is in no invidious spirit that we again refer to the excellencies of the London Hospital. Nor is it that we did not see great merits in many other similar establishments abroad; but perhaps because we became more familiar with this one, and are in possession of sundry valuable documents touching its regulation and statistics.

The extensive and careful provision made for the efficient working of the London Hospital, is truly noteworthy. If, at first sight, the machinery of management might be set down as somewhat cumbrous, this objection will disappear when its efficiency is known, and its excellent working appreciated. The particularity with which all the functions relating to the management of the hospital are discharged, is admirable.

In addition to the Electing Bodies—the “General Courts”—there is, first, a “House-Committee” composed of Thirty Governors, annually appointed; and which meets every Tuesday “to discharge and receive patients; to direct the purchase of Provisions and all other necessities for the use of the Institution; to receive the reports of the Medical and other Officers of the Hospital; and to examine and regulate all such Concerns as may be brought before them.”—(From the Anniversary Report of the London Hospital, for 1859.)

Next after these executive officers, come the “Committee of Accounts,” and the Visiting Committee. The first body meets quarterly, for the auditing of accounts; and the second, the members of which attend “as often as they think proper,” has the supervision of the management of the House and of the Servants.

Provision is made for the religious needs of the inmates by having a regular Chaplain, who “resides in the immediate neighborhood of the Hospital,” and who, in addition to the usual duties attaching to the office of a clergyman of the Church of England, is always at hand,

on emergency, "to visit, pray by, and administer the sacrament to the Patients at their bedsides." We cannot too heartily commend a provision of the above nature; and which, it seems to us, should form a feature in the construction of every Hospital Corporation. It surely merits the best attention of boards of Trustees charged with such arrangements.

We will rapidly run over the remaining list of Officers and Attendants; and we think that the enumeration alone, will make good the assertion of our caption in relation to the London Hospital.

There are Three Physicians and Three Surgeons in daily attendance; and also one Assistant Physician and one Assistant Surgeon present daily—Sundays, Good-Friday, and Christmas-Day excepted. A Fourth Assistant Surgeon was appointed in 1858, to supply the place of either of the others when disabled from attendance, from any cause. A Resident Medical Officer—as at the Massachusetts General Hospital—has charge in the absence of the Visiting Medical Officers; he receives all urgent cases, and acts in the intervals of the visits of the Attending Physicians. There are two Resident House Surgeons—one of whom is in constant attendance. These gentlemen "are responsible for the first treatment of all cases of Accident." There are, besides the above, An Obstetric Physician, who attends twice in each week, or oftener on occasion, "to see in-patients, and once a week to prescribe for out-patients;" A Surgeon-Dentist; A Medical Assistant, appointed weekly, "to aid the Resident Medical Officer"; Two Resident Pupils; Three Dispensers—two of whom constantly reside in the Hospital, and who "compound and dispense all the Medicines, and attend solely to the business of the Institution"; A Matron, who directs the Nurses and Women-Servants, oversees the Dietary department, the Bedding, Linen, and general Cleanliness of the House; a Clerk and a Surveyor, with the Nurses and Assistant Nurses, complete this full, well-trained and highly-efficient corps of *employés*. The Surveyor's "opinion is taken on all repairs and alterations"; and he "inspects the work and examines the Artificers' bills." The Nurses are hired by the Matron, subject to approval by the House Committee.

We began this article merely with the intention of detailing the inner machinery of this excellent Institution. That it is successful, we know from personal observation. There are many more points whose presentation would be interesting and profitable to those occupied in the regulation of Hospitals, Dispensaries, and similar establishments, and which we might set forth, did space permit, from the documents we have on hand. We can only now add, in conclusion, a few of the clauses of the "Report" already quoted, in reference to the admission of patients, &c.

"Out-Patients have Advice and Medicines administered daily.

"Cases of Accident and of Urgent Disease, are admitted at any hour of the day or night, *Without Recommendation*: but pregnant women; persons under mental derangement; persons having measles, scarlet fever, smallpox, itch, or other infectious disease, or in a state of confirmed consumption, or deemed by the Physicians or Surgeons incurable, cannot be admitted.

"No patient is permitted to remain in the House longer than six weeks in ordinary, or two months in extraordinary cases; unless by the express permission of the House-Committee."

No Hospital, like the extensive one we have been noticing, can har-

bor incurable cases—its province is to relieve the urgent, pressing cases of active disease and the various injuries incident to a large population. This is especially true of the London Hospital, which, from its situation near the immense docks and shipping interests of London, is peculiarly and appropriately devoted to the care of "Sick and Wounded Seamen, Manufacturers, Laborers, Women and Children." It receives for care, with a few exceptions, all the Casualties which occur among a population of over 500,000 Persons, and composed chiefly of the Laboring Classes. In 1858, 27,790 patients were treated at the Hospital; not including trifling Accidents and Cases not registered. Of the above number, 11,529 were cases of Accident, "admitted on application and without any recommendation whatever."

It is not to be wondered at, that, with all this labor and expense, the Institution—supported as it is mainly by voluntary contributions—should be often found to have gone beyond its income.

Another point which seems to be made clear, by the consideration of these topics, and by the over-crowded state of hospitals devoted to acute cases, is, the crying necessity, in every community, for establishments for the reception of *chronic and incurable cases*.

A REVOLUTION IN ANÆSTHETICS.—The Paris journals describe a new method of producing insensibility, or rather a new way of applying an old method, which may be available in some cases, but which must frequently fail. We copy from the *Lancet* the following account of the process.

"The patient, either sitting up or lying down, is put in a convenient position. The operator then, standing either before or behind him, places before his eyes, at the distance of a few inches, but generally nearer than the point which allows of distinct vision, some bright object, upon which the patient should steadily and continuously fix his eyes. The bright object should be so placed that the eyes in looking at it, must be forcibly directed upward, the contraction of the superior recti being carried to its maximum degree. In this position, the levatores palpebrarum and recti are strongly contracted, and convergent strabismus takes place. After this attitude, which is certainly very fatiguing, has been kept up for two or three minutes, the pupils are noticed to contract, and soon afterward to dilate; the eyelids quiver rapidly, then fall, and the patient is asleep. Two symptoms, almost always present, are then observed; they are, however, in different cases, more or less marked and lasting: 1, catalepsy, exactly as described in books; 2, anæsthesia, which lasts from three to fifteen minutes, either complete or incomplete, but which allows of pinching, pricking, and tickling, without any feeling being aroused in the patient, and without any change in the cataleptic state being produced. This anæsthetic state is generally followed by a very opposite condition—namely, very remarkable hyperæsthesia, in which the senses, the feeling of heat, and muscular activity reach an unusual degree of excitability. At any moment of the experiment the symptoms may suddenly be stopped, by rubbing the eyelids, and directing upon them a stream of cold air. When the patients recover their senses, they remember nothing of what has taken place."

This is evidently nothing more than the phenomenon which is called Mesmerism, or animal magnetism, long known, little understood, and frequently brought before the public as something new. The best account of it is to be found in the Five Essays of the late Dr. Mitchell, of Philadelphia.

MEDICAL INSTITUTION OF YALE COLLEGE. *Annual Examination, 1860.*
—The Committee of Examination convened on Wednesday, Jan. 11, 1860, and continued in session two days. Present, on the part of the

Connecticut Medical Society, Ashbel Woodward, M.D., of Franklin, President, James Welch, M.D., of West Winsted, and Timothy Dimock, M.D., of Coventry; on the part of Yale College, Profs. J. Knight, C. Hooker, W. Hooker, P. A. Jewett, and C. A. Lindsley.

Thirteen candidates, after a satisfactory examination, were recommended for the degree of Doctor in Medicine, viz.: Lewis Henry Alling, New Haven, on *Hernia*; David Carlisle Aney, Dimock, Pa., on *Specialties in Medicine*; John William Barker, Clinton, on *Scarlatina*; Abel Carter Benedict, Cornwall, on *Dropsy*; Timothy Huggins Bishop, New Haven, on *Cataract*; Evalyn Lyman Bissell, New Haven, on *Aneurism*; Platte Edward Brush, Dimock, Pa., on *Medical Heroism*; Samuel Farnam Chapin, Wattsburgh, Pa., on *The Vis Medicatrix Naturæ*; Nelson Gregory Hall, Guilford, on *The Mind, Physiologically and Psychically Considered*, with the Valedictory Address; Charles Henry Hubbard, Clinton, on *Mental Influence in Disease*; John Benj. Welch, West Winsted, on *Pneumonia*; John Burns Williams, Danbury, on *Injuries of the Head*; Edward Prindle Woodard, Bethany, on *Phthisis*.

Drs. P. G. Rockwell, of Waterbury, and A. T. Douglass, of New London, were appointed to give the annual addresses to the candidates in 1861-62.

Dr. J. Welch was appointed to report the proceedings of the Board to the President and Fellows of the Connecticut Medical Society.

The Medical Commencement was held on Thursday evening. The exercises were opened with prayer by President Woolsey. The Valedictory Address was given by N. G. Hall, of the graduating class, and the address to the candidates by Samuel W. Gold, M.D., of West Cornwall—after which the degrees were conferred by President Woolsey. The Committee adjourned to meet on Wednesday.

CHARLES HOOKER, *Secretary*.

GASTROTOMY.—In a late number we alluded to this operation, performed by Dr. Bell, of Wapello, Iowa, for the removal of a bar of lead, eleven inches long, from the stomach. In reply to a letter to Dr. Bell, we have received from him the manuscript of the article which we print in the present number. It appeared originally in the *Iowa Medical and Surgical Journal*, April, 1855. It will be seen that the patient is now alive and well. We believe this extraordinary case to be wholly unique in the annals of medicine.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.—At the Annual Meeting of this Society, held Jan. 9th, the following officers were elected: *Secretary and Treasurer*, Dr. Francis Minot; *Cabinet Keeper*, Dr. J. B. S. Jackson; *Librarian*, Dr. Buckminster Brown; *Prudential Committee*, Drs. D. H. Storer, A. A. Gould, C. E. Ware, J. M. Warren.

VIRGINIA MEDICAL JOURNAL.—This Journal is henceforth to be published under the title of the *Maryland and Virginia Medical Journal*. Dr. McCaw will continue, as heretofore, chief editor, assisted by Dr. W. C. VAN BIBBER, and a large corps of collaborators.

SUCCESSFUL REMOVAL OF A FIBROUS TUMOR OF THE UTERUS.—The last number of the *American Medical Monthly* contains the account of an operation for the removal of a fibrous tumor of the uterus, by Dr. ROBERT NELSON, which

was followed by success. The disease was of over five months' standing, and consisted of three lobes, of which the largest filled the whole of the left iliac region, and extended to the ribs, and to the right of the linea alba, causing much distress by compressing the chest and stomach. It had been diagnosed as an ovarian cyst, and there is nothing in the account before us to indicate that its true nature was known at the time of operation, although we presume this must have been the case. The two largest tumors were removed by the knife, leaving a stump three inches in diameter. The patient recovered with hardly a bad symptom, and lived in good health for three years, at the end of which time she died in California of some obscure abdominal disease, with a fistulous opening into the intestine.

HOME FOR INVALIDS.—Every physician must at times have felt the want of some establishment in the country, under competent medical superintendence, to which he could recommend such of his patients suffering from chronic disease as require change of air, and a more special surveillance than is practicable in private practice. In the management of many obstinate affections, particularly of females, it is of importance to have the details of treatment thoroughly carried out, and this can hardly be done unless the patient and physician reside under the same roof. We venture, from personal observation, to recommend to our brethren Dr. DENNISTON'S establishment, at Northampton, whose advertisement will be found in this JOURNAL, as fulfilling, in a large measure, all the requirements of patients under such circumstances.

HEALTH OF THE CITY.—The mortality of the past week shows a considerable preponderance (14) of deaths of males over those of females. Thirty-three of the deaths were of subjects under 5 years of age; 7 between 5 and 20; 19 between 20 and 40; 13 between 40 and 60; and 12 over 60. The deaths from consumption include 10 males between 16 and 48 years, and 9 females between 28 and 60. The victims to smallpox were 6 males, 2 of 2 years, and one each of 18, 28, 41 and 45 years; and 2 females, both children. We notice 5 deaths from pneumonia, 5 from scarlatina, 4 from disease of the heart, and 6 casualties—2 children, 1 of whom died from swallowing a pin, and 4 adults, 1 of whom was suffocated by coal gas. The total number of deaths for the corresponding week of 1859 was 65, of which 15 were from phthisis, 8 from pneumonia, 0 from smallpox, 4 from scarlatina, 1 from disease of the heart, and 1 from casualty.

LOWELL PHYSICIANS.—The promptitude with which so many of our Lowell physicians and surgeons responded to the call from Lawrence, is especially creditable to them. The Boston reporters say that twenty-two were there promptly; some without waiting for the cars hastened to the scene of distress with their own teams, and were indefatigable in their efforts to relieve the wounded and to assuage the pangs of the dying.—*Lowell Citizen*.

NOTICE.—Mr. Charles W. Polman, of the University Medical College, 107 East 14th Street, New York, is an authorized agent for the Boston Medical and Surgical Journal, and will receive subscriptions due in that city and Brooklyn.

Bills were enclosed to subscribers of the JOURNAL a few weeks since, in their copies, and have in general been promptly attended to. Whenever a receipt for money forwarded is not sent to the subscriber in his next number, it is particularly requested that the publisher be at once informed of the omission.

ERRATA.—Page 476, line 12 from bottom, for "several" read *separate*.

Deaths in Boston for the week ending Saturday noon, January 14th. 81. Males, 42—Females, 39—Accidents, 6—apoplexy, 1—asthma, 1—disease of the bowels, 1—congestion of the brain, 2—softening of the brain, 1—bronchitis, 2—consumption, 19—convulsions, 4—croup, 3—cyanosis, 1—diabetes, 1—diarrhea, 1—dropsy in the head, 3—puerperal disease, 1—scarlet fever, 5—typhoid fever, 1—gangrene of the lungs, 1—disease of the heart, 4—disease of the kidneys, 1—inflammation of the lungs, 5—marasmus, 1—measles, 2—old age, 2—smallpox, 8—teething, 1—unknown, 6
Under 5 years, 33—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 13—above 60 years, 12. Born in the United States, 67—Ireland, 22—other places, 6.